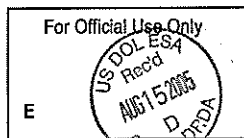


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2343</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Reginald</u> <u>L</u> <u>Thomas</u> P.O. Box, Bldg., Room No., if any <u>Suite 103</u> Street <u>1101 East 87th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64131-2757</u>	4. Name, file number, and address of labor organization. Name <u>Const. & Genl Laborers Local Union No. 264</u> Labor Organization File Number <u>018-798</u> P.O. Box, Building and Room Number, if any <u>Suite 103</u> Street <u>1101 East 87th Street</u> City <u>Kansas City</u> State <u>Missouri</u> ZIP Code + 4 <u>64131-2757</u>
5. Position in labor organization. <u>Secretary/Treasurer</u>	

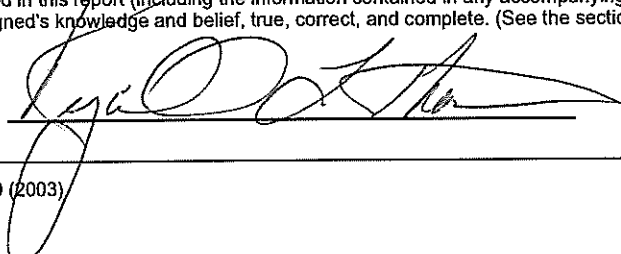
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/09/2005

Date

816-361-1000

Telephone Number

Name of Person Filing Reginald Thomas	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name GKC LABORERS APPRENTICESHIP PROGRAM</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street 8944 KAW DRIVE</p> <p>City KANSAS CITY</p> <p>State Kansas ZIP Code + 4 66111</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p>Provides training for LIUNA members affiliated with the Western MO & Ks Laborers' District Council.</p> <p>11.b. Approximate dollar value of such dealing. \$9,160</p> <p>12.a. Nature of interest held or income received.</p> <p>Cost allotted for wife and my attendance of Apprenticeship Graduation dinner as a representative of Local 264 on behalf of Local 264's graduating apprentices.</p> <p>12.b. Amount. \$114</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing Reginald Thomas	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Arnold, Newbold, Winter & Jackson, P.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1600 Street 1125 Grand Boulevard City Kansas City State Missouri ZIP Code + 4 66106-2503	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 	11.a. Nature of such dealing. Provides legal services for Local Union, Employee Benefit Funds, and Employee/Contractor Trust departments. 11.b. Approximate dollar value of such dealing. \$2,710 12.a. Nature of interest held or income received. Christmas gift card received in December 2004. 12.b. Amount. \$50

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Preferred Health Professionals

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 200

Street 12920 Metcalf Avenue

City Overland Park

State Kansas ZIP Code + 4 66213-2625

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name TIC International

Trade Name, if any: G.K.C. Laborers Health & Welfare

P.O. Box, Bldg., Room No., if any Suite 200

Street 6405 Metcalf

City Overland Park

State Kansas ZIP Code + 4 66202

11.a. Nature of such dealing.

Provides Health coverage benefits and assistance to members of the Western Missouri and Kansas Laborers District Council.

11.b. Approximate dollar value of such dealing.

\$15,000,000

12.a. Nature of interest held or income received.

Received ticket and lunch to a Sunday Kansas City Chiefs Football game in the fall of the 2004 year.

12.b. Amount.

\$100